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20792

7590

03/18/2005

**MYERS BIGEL SIBLEY & SAJOVEC**  
**PO BOX 37428**  
**RALEIGH, NC 27627**

03/25/2005 RMEBRAH1 00000005 09607122

01 FC:2501 700.00 OP  
 02 FC:8001 30.00 OP

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**Candi L. Riggs** (Depositor's name)  
*Candi L. Riggs* (Signature)  
**March 22, 2005** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/607,122

06/29/2000

Herbert Edelsbrunner

9220-2

7255

TITLE OF INVENTION: METHODS, APPARATUS AND COMPUTER PROGRAM PRODUCTS FOR AUTOMATICALLY GENERATING NURBS MODELS OF TRIANGULATED SURFACES USING HOMEOMORPHISMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$700

\$0

\$700

06/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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BRODA, SAMUEL

2123

703-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**1 Myers Bigel Sibley &**  
**2 Sajovec PA**  
**3**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Raindrop Geomagic, Inc.****Durham, North Carolina**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies **10**

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- ☒ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-0220** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **March 22, 2005**

Typed or printed name

**Grant J. Scott**Registration No. **36,925**

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